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AGO D/A ltr, 29 Apr 1980

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DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C. 20310

IN REPLY REFER TO
AGAM-P (M) (24 May 68) FOR OT RD 681294

28 May 1968

AD833845

SUBJECT: Operational Report - Lessons Learned, Headquarters, 93d Evacuation Hospital, Period Ending 31 January 1968 (U)

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BY ORDER OF THE SECRETARY OF THE ARMY:

KENNETH G. WICKHAM
Major General, USA
The Adjutant General

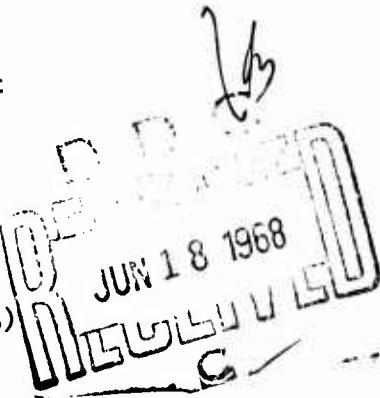
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DEPARTMENT OF THE ARMY
HEADQUARTERS, 93D EVACUATION HOSPITAL
APO 96491

AVBJ GD-EB

5 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CS FOR-65)

THRU: Commanding Officer
68th Medical Group
ATTN: AVBJ-GD-PO
APO 96491

TO: Assistant Chief of Staff for Force Development
Department of the Army
Washington, D. C. 20310

The OPERATIONAL REPORT - LESSONS LEARNED of this headquarters for the quarterly period ending 31 January 1968 is forwarded in accordance with Army Regulation 1-19 and 44th Medical Brigade Regulation 870-5.

Jackson K. Walker
JACKSON K. WALKER
LTC, MC
Commanding

FOR OTRD
681294

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SECTION I: SIGNIFICANT ORGANIZATIONAL ACTIVITIES

A. During the 92 day period of this report the 93d Evacuation Hospital accomplished its assigned mission of providing hospitalization and medical care for all classes of patients originating in the combat zone. LTC Jackson K. Walker commanded the hospital throughout the quarter. There were three units attached to the hospital throughout the quarter including one (1) Team KA (Surgical), one (1) Team KB (Orthopedic) and one (1) Team KO (Psychiatric). One (1) medical detachment (OA) was attached to the 93d Evacuation Hospital from 3 January 1968 thru 30 January 1968. Significant activities of these units are included in Annexes A and B.

B. During the quarter there were several changes in key positions within the hospital. LTC Mary C. McHugh arrived on 18 November 1967 from the 250th General Hospital at Ft. Sam Houston, Texas, to assume duties as Hospital Chief Nurse. This position had previously been occupied by LTC P. Evangeline Jamison. 1LT James F. Headick arrived on 30 December to assume the position of Assistant Hospital Supply Officer, replacing CPT George T. Kennedy. A key position changed hands in early December with the departure of MSG Paul D. Ries, the Hospital Sergeant Major, and the arrival of MSG Wendell E. Tankersley who presently occupies the seat of Hospital Sergeant Major. Another important change which occurred during the quarter was that of Detachment 1st Sergeant. 1SG Robert E. L. Pearce turned over the reins to 1SG Robert M. Hodge.

C. Civilian Personnel: During the quarter the hospital was directed to begin preparations to convert a number of TOE military spaces to Civilian Local National Direct Hire during calendar year 1968. This program is called Program 5 Civilization. The conversion ratio of LNDH personnel to military under this program varies from 1 for 1 to 3 for 1. During the calendar year 1968 a total of 13 military spaces will be converted to 25 LNDH spaces. This will increase the number of LNDH authorized from 46 to 71.

D. As in the two previous quarters, hospital personnel participated in various educational opportunities available in the area. Several personnel were students in college level courses offered during the evenings. Several hospital personnel showed interest in classes conducted at the Long Binh Post Education Center in "Spoken Vietnamese."

E. Enlisted promotions increased over those presented during the last quarter. Statistics for the quarter are:

<u>GRADE</u>	<u>NOV</u>	<u>DEC</u>	<u>JAN</u>	<u>TOTAL</u>
E-3	14	3	5	22
E-4	13	18	4	35

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<u>GRADE</u>	<u>NOV</u>	<u>DEC</u>	<u>JAN</u>	<u>TOTAL</u>
E-5	7	1	7	15
E-6	0	1	1	2
E-7	0	0	0	0

Officers promotions during the reporting period included 3 promotions to 1LT, 8 promotions to CPT, and 2 promotions to LTC.

F. Personnel who demonstrated outstanding service and who made significant contributions to hospital programs were recommended for appropriate awards. Although a number of these were presented during the quarter, a few were still pending board or administrative action as the reporting period closed. Those awards and decorations presented include:

<u>AWARD</u>	<u>NOV</u>	<u>DEC</u>	<u>JAN</u>	<u>TOTAL</u>
Legion of Merit	0	0	0	0
Bronze Star Medal	1	2	6	9
Army Commendation Medal	1	4	9	14
Purple Heart	175	267	175	713

G. Reenlistment statistical data for the quarter is reflected below:

	<u>1st Term RA</u>	<u>Other RA</u>	<u>US</u>	<u>TOTAL</u>
NOV	1	0	0	1
DEC	0	0	0	0
JAN	0	1	0	<u>1</u> <u>2</u>

H. The hospital safety program continued to receive command emphasis. Accident exposure for motor vehicles was 38,779 miles for the quarter; however, no fatalities or injuries occurred during that period. Monthly safety classes were held and attendance was mandatory for all individuals with military drivers' licences. Safety films were shown and discussions were held in these classes. Range firing was conducted during this quarter to further familiarize personnel with the safe handling and the characteristics of the .45 caliber pistol and the M-14 rifle. In addition, emphasis was placed

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on safety in the command information classes. The complete rewiring of the entire hospital complex is still in progress and new lighting has been installed in the theater and patient latrine areas.

I. The Public Information and Command Information programs remained active during the quarter. Several interesting Troop Topics, as well as items of information concerning command policies and directives were presented during Command Information classes conducted weekly. Hometown news releases for promotions and the assignment of new personnel were submitted on each occasion. A total of 35 releases were submitted during the quarterly period of this report.

J. The Special Service program provided a very favorable morale factor for both patients and staff. Movies continued as an important major entertainment feature. The loss of Sunday night movies occurred early in the quarter due to poor condition of the film, reducing availability to 5 nights a week. As a substitution, contact was made to secure bands for Sunday and/or Tuesday nights. During December and January performances were given by the 266th Army Band, a quartet from the 9th Infantry Division, the 9th Infantry Division Band, the 101st Airborne Division Band, a jazz combo and a popular music combo, both from the 101st Airborne Division and the "Communicators" of the 327th Signal Company. In November "handshaking tours" were made by Chris George and Larry Casey, actors in the TV series "Rat Patrol". The Bob Hope Show was presented in the Long Binh Ampitheatre on 25 December. Numerous patients and members of the staff attended. Athletic participation continued with basketball and softball, both fast pitch and slow pitch. Several intra-hospital contests were staged in softball and volleyball. During the Christmas season special services activities took a front seat among the hospital programs. Gifts arrived for all patients and all members of the hospital staff from the City of Huntsville, Alabama, our adopted sponsor. In addition to the distribution of these gifts, (by fully attired "santas") several parties of Vietnamese military and civilian personnel toured the hospital distributing gifts to each patient. Several choirs and other musical groups entertained the patients and staff throughout the period. Such events as a decoration contest, a party for Vietnamese orphans and ward parties also served as enjoyable entertainment for our patients.

K. Inspector General activities remained dormant during the period with no complaints referred to the hospital Acting Inspector General.

L. The 68th Medical Group Quarterly Command Inspection was conducted on 9 November 1968. The results were excellent. All monthly postal inspections have been satisfactory during this quarter.

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M. The physical security of the hospital was improved considerably during the quarter. An extensive program of resandbagging the hospital buildings was begun. The new program, which began with the wards, includes ringing the buildings with 55 gal drums, filled with sand, and spaced approximately 2½ feet from the building and 1 foot apart. The spaces between the drums and on top of the drums for 2 or more feet, are filled with ordinary sandbags. This procedure provides increased protection and reduces the maintenance required to replace so many decaying sandbags. In addition, sandbagged firing points were prepared along the inner road on the western flank of the hospital between the bunkers. These points will provide deployment positions for the forwarded security squad.

N. Registrar

1. Patient's Valuables: During this quarter the number of complaints about lost valuables has been considerably reduced due in large part to the selection of personnel, the prompt receipting for money and personal effects and the care taken to insure that all transfers leave with their valuables.

2. Patient Evacuations: The first part of this quarter, the 93d Evacuation Hospital started using army aircraft to transfer the majority of the litter patients to the 21st CSF at TSN Airbase. Not only did this provide a more rapid movement but increased the comfort and well being of those patients being transferred to PACOM or CONUS.

3. Medical Regulating: Due to a change in brigade regulating policy, the originating hospital is now provided with the name of the destination hospital for all patients evacuated to PACOM or CONUS before the patient leaves the originating hospital.

4. Civilian War Casualty Program (CWCP): In November 1967 the Civilian War Casualty Program was started in the Republic of Vietnam. In essence, this program authorizes military medical facilities to treat any Vietnamese injured as a result of the war. One of the earliest problems that arose was a lack of Vietnamese interpreters. Presently, we have interpreters on duty from 0800 to 1700 hours six days a week. Interpreters are needed 24 hours a day, seven days a week. Other than the language problem, very few administrative problems have been encountered with the CWC program at this hospital.

O. Attendance at the hospital religious services continued to increase during the quarter. At Christmas an Ecumenical Choir was formed by both Protestants and Catholics to sing on the wards and at both Protestant and Catholic services. The number of services per week continued the same as last quarter. Pews and a dossal curtain were added to the chapel thereby presenting a more worshipful atmosphere. All hospital patients are visited daily and

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given New Testaments and Christian literature or a Rosary and religious medal as appropriate. These visits also provide many opportunities for religious counselling.

P. Surgical Service.

1. Personnel:

a. Losses of personnel included Captain Roland J. Sylvester who completed his tour and Captain Mayer Katz who obtained a transfer to the 22nd Surgical Hospital.

b. Gains of personnel included: Captain Paul Gierstad, assigned to the Orthopedic Service, Captain Howard Michaels, assigned to the General Surgical Service, and Captain Lawrence Gold, assigned to the Surgical Service.

2. General Surgery:

a. The efficient management of mass casualties by the Surgical Service was again demonstrated in several instances involving 35 to 40 patients. These patients were completely treated within an 8 to 10 hour period, depending on the number of major surgical injuries.

b. An unusual case was received at this hospital during the past quarter. In January 1968, a patient was admitted with an armed M-79 grenade lodged in his oral pharynx. A surgeon removed the grenade in the pre-operative area after the patient had been anesthetized and given a muscle relaxant. The surgeon and the anesthetist had no means of protection during the procedure due to the unusual location of the missile. The major surgical complication continues to be pulmonary in origin: pulmonary insufficiency, "the contused lung syndrome" and "the wet lung syndrome." A major cause of death in severely wounded patients has been uncontrolled bleeding due to blood coagulation defects associated with the administration of large amounts of whole blood. It has also become apparent to the general surgeons that the debridement of liver tissue should be kept at a minimum and that anatomical hepatic lobectomies carry such a high mortality and morbidity rate as to make their use questionable. Hepatic lobectomies have been associated with massive blood loss during the operation and by liver and renal failure in the post-operative period. Similar wounds treated more conservatively have appeared to have less complications.

The surgical service was visited by Colonel Harold F. Hamit, Chief of Surgical Research Unit, WRAIR. A very comprehensive discussion of the surgical and surgical research problems in Vietnam was conducted.

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3. Orthopedic Service

a. The Orthopedic Service was visited by LTC William Burkhalter, Chief, Orthopedic Service, Tripler General Hospital. As the result of his visit, hand wounds are now being treated open initially and then closed approximately 2-3 days later. During the closure, any necessary K-wire stabilization is performed and every attempt is made to gain closure with existing flaps even if later revisions may be necessary. All fractures with significant soft tissue injuries are re-inspected 2-3 days following their initial debridement. They are evacuated out-of-country with open wounds on the fourth or fifth day post-injury.

b. The orthopedic service is presently making more extensive use of circular mono-valved plaster casts than posterior splints for evacuation.

c. With the large troop population on Long Binh Post and the large number of patients seen in the clinic for foot problems, there appears to be a definite need for a podiatrist to be assigned to this area.

4. Urology Service

a. Plans have been made to provide one entire wing of the hospital for the Urology Clinic, to include a cystoscopy room with X-ray and anesthesia capability. This will allow a more complete urological outpatient service.

b. In the management of renal wounds a conservative approach has been practiced with the use of segmental renal resection whenever possible. Good results have been obtained in all cases treated by this method.

c. A large number of renal calculi are being seen by the Urology Service and constitutes a major fraction of the urological admissions. A history of inadequate fluid intake has been obtained by most of these patients. There is also a high calcium content in the treated water in Vietnam which predisposes to the formation of calcium stones.

d. A larger than usual number of post-operative patients with urological injuries were received from surgical hospitals. Although most patients received adequate primary urological surgery, definitive urological evaluation and treatment could be more easily performed at an evacuation hospital where a urologist could be present during the initial surgical procedure.

5. Ophthalmology Service

a. Approximately 300 ophthalmology consults are seen each month. One fifth of these consultations are Vietnamese military and civilian patients. Consultations and elective surgical procedures were performed at the Bien Hoa

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Province Hospital every month.

b. The most significant ophthalmologic problem seen among the United States military population was epidemic keratoconjunctivitis and among the Vietnamese patients, corneal opacities due to trachoma.

c. The ophthalmology clinic is in need of air conditioning as dust accumulates on the instruments and effects their usefulness. In addition, the clinic must be closed off to obtain semi-darkness for ophthalmic examinations, resulting in the extreme discomfort for both patient and the staff.

6. Anesthesia Service

a. In December 1967, Captain Russell L. Browning was transferred to the 18th Surgical Hospital, and Captain Richard Van Ness joined the staff.

b. The maintenance of high standards of asepsis in the OR remained a problem due to the rough concrete floor which is difficult to clean properly. The lack of adequate dressing room and latrine facilities was still reflected by the wearing of fatigue trousers and combat boots in the OR. As of January 1968, cement tile had been ordered for the floor, and plans had been drawn for future construction of dressing rooms and latrine facilities.

c. The surgical tables in both operating room suites were nearly inoperable due to rust which had formed due to the high ambient humidity and the frequent use of large volumes of saline for wound irrigation. Eight new surgical tables were on order.

d. A significant number of pulmonary problems were treated in the intensive care unit. Most of these cases responded well to appropriate therapy, but those with decreased pulmonary compliance necessitating the use of high pressures for adequate ventilation have not fared so well. There was a definite need for a volume-controlled, pressure-limited ventilator for use in these cases. An Emerson ventilator has been placed on order for this purpose.

7. Physical Therapy

a. During the quarter ending January 1968, the Physical Therapy section resumed a visiting program at the Civilian Irregular Defense Group (CIDG) Hospital in Bien Hoa. During these visits, rounds were made with the hospital corpsmen and attempts were made to teach basic physical therapy techniques required for treatment of the patients.

b. The present Physical Therapy staff now consists of one officer (the physical therapist) and two enlisted men. One of the latter, SP5 Heraux was recently assigned to the staff.

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Q. Medical Service

1. Personnel

a. Losses: Captain Ronald Smith, prior acting chief of the medical service completed his tour.

b. Gains: Captain Ralph G. Oriscello, cardiologist, Captain Phillip Eastman, hematologist, Captain Paul M. Gold, osteopathic physician and Captain Willard Ranieri, osteopathic physician.

2. In the quarter ending Jan 1968, the Department of Medicine treated a record number of malaria cases. A total of 174 malaria cases were admitted during the month of November 1967: one hundred and sixty (160) were P. falciparum, 14 were P. vivax. The clinical illness in these patients was quite similar to other cases of falciparum malaria treated in the past. In December, 11 cases of vivax malaria were discharged. In January, 26 cases of vivax were discharged and approximately 15 other cases were on the medical service at the end of the month.

3. Towards the end of the quarter, more patients were noted to be on both dapsone and chloroquine-primaquine malarial prophylaxis. Several patients with methemoglobinemia, possibly due to dapsone, were noted during this quarter.

4. On Christmas day 1967, an "epidemic" of staphylococcal enterotoxin-induced gastroenteritis occurred. Thirty-nine cases, all from the same unit were detected and hospitalized for overnight treatment. Except for two or three patients with a lingering illness, most of the patients were clinically well after treatment with i. v. fluids, antiemetics and anticholinergic agents and were discharged to duty. No vehicle for the infection was noted even after exhaustive culturing of all of the suspected food and food containers.

5. Viral hepatitis continued to occupy the isolation section of the general medical ward. Twenty cases were discharged in November, 22 in December and 27 in January. The number of daily admissions with hepatitis continued to rise towards the end of January. The disease remained a rather mild illness with minimal gastrointestinal complaints and weight loss. All the patients were sent to convalescent centers within two weeks of admission to the 93d Evacuation Hospital.

6. The medical service continued to admit and treat other tropical illnesses such as scrub typhus and leptospirosis. Surprisingly, many "state-side" illnesses were also treated: arteriosclerotic heart disease, myocardial infarctions, hypertension, cirrhosis, peptic ulcer disease and diabetes mellitus.

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7. Numerous interesting and complicated cases were noted during the last quarter.

a. A 35 year old caucasion male was admitted with a double malaria infection, glucose-6-phosphate dehydrogenase deficiency and severe anemia. The patient had a stormy course with a high output cardiac failure, repeated and nearly continuous pulmonary edema, and continuing hemolytic anemia. Following intensive treatment for nearly two weeks, the patient recovered sufficiently to be evacuated out of the theatre.

b. A nineteen year old Vietnamese male was admitted in severe pulmonary edema secondary to fresh water near-drowning. The patient had severe and intractable left ventricular failure, pulmonary insufficiency and pneumonitis. Despite intensive care and the use of the Morsch respirator, the patient succumbed to his disease.

c. A case of cerebral malaria in a 20 year old negro male was accompanied by clinical dehydration and a very slow serum sodium (117 Meg). Following treatment with saline solutions and intravenous quinine, the presenting symptoms of psychosis and fever rapidly cleared.

d. Two of the above cases required intensive medical care for periods ranging from one to two weeks. In order to properly administer fluids, oxygen therapy and to obtain frequent vital signs, the patients were transferred to the Intensive Care Unit with the aid and the encouragement of the Chief of Anesthesia. The combination of Medical and Surgical intensive care facilities was felt to be a constructive step permitting the most economical use of personnel and equipment.

R. Radiology Service

1. Personnel

a. Losses: Captain Thomas Mc Carthy

b. Gains: Captain James D. Flynn, who came and departed during the quarter. At the present time there is only one Radiologist assigned to the 93d Evacuation Hospital.

2. The Radiology Section continued through the quarter to provide support to the 93d Evacuation Hospital and to outlying medical units. Routine studies were performed as well as special studies including intravenous pyelograms, barium enemas, and upper gastrointestinal examinations. During the last quarter, two arteriograms and two venograms were performed as well. Greater numbers of films have recently been referred from outside sources for interpretation. For example, in the month of December 1967, over 700 exposures were

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interpreted for the 84th Medical Detachment, a single outside source. These exposures are not reflected in the department statistics. The outpatient/inpatient film exposure ratio is 3:1 to 4:1.

3. Problems include: insufficient working space, insufficient waiting room space and marginal equipment. There are plans underway to provide more modern equipment, increased storage areas and waiting room, and the installation of an automatic processor.

S. Laboratory Service

1. During the past quarter, significant changes in the Laboratory Service have been instituted. The greatest changes have occurred in the administration of the Hospital Blood Bank. Over the past several months, there has been a gradual rise in the number of units of whole blood which were "out-dated" each month. In the month of December, the number of units of "out-dated" whole blood reached a critical level. Part of the problem was traced to the policies of the Vietnam Blood Program Sub-depot located at the 946th Medical Laboratory. It is the policy of the sub-depot to send the oldest blood to the nearest facilities. Since the 93d Evacuation Hospital is the nearest facility, it routinely receives the "oldest" blood for transfusion. In many cases this blood is within 48 hours of its expiration date at the time that is received. Examination of the problem revealed that the 93d Laboratory was maintaining excessively high levels of blood in the inventory considering the proximity to the sub-depot. Accordingly, the inventory levels have been appropriately reduced. Other losses of blood due to "out dating" were traced to the fact that cross matched blood which was not used was not returned to the usable inventory at a sufficiently rapid rate. Hence the policy has now been instituted that one-half of the blood cross-matched for a given individual if unused is returned to the inventory at the end of 24 hours. The remainder is returned at the end of 48 hours unless the blood is re-ordered by the patient's attending physician.

2. During the month of January, a Coulter Counter was obtained through the 946th Medical Laboratory for the Hematology Department. This electronic counter increases both the rate and accuracy of blood cell counting. It is currently undergoing calibration and should be operational shortly.

3. A second case of malaria due to *Plasmodium malariae* was detected by the Laboratory during the past quarter. This is the second case of a relatively rare parasite disease that has been treated at this institution.

QUARTERLY LABORATORY STATISTICS

PROCEDURE	NUMBER VALUE	NUMBER PERFORMED	TOTAL
<u>CHEMISTRY</u>			
Lacking Spec for Shipment	2	999	1998
<u>URINALYSIS</u>			
Routine U/A W/O micro	1		
Routine U/A with micro	2	1184	2368
Routine U/A with Bile	1	1184	1184
Calcium Sulkowitch	1		
Protein Bence Jones	2		
Other Qualitative Test	1	1184	1184
<u>HEMATOLOGY</u>			
Bleeding Time	2		
Bone Marrow Coll. /prep	6	1	6
Clotting Time WB	2	9	18
Clot Retraction	1	1	1
Differential With Morph	2	340	680
CSF / Other Body Fluids	2	16	32
Eosinophil	2		
RBC	2		
WBC	2	340	680
Platelet Count	3	4	12
Retic Count	3	43	129
Fibrinolysin Screening	2		
Hematocrit	1	1913	1913
L. E. Prep	4	7	28
Pro Time 1 Stage	1	57	57
Sedimentation Rate	1	131	131
Sickle Cell Prep	2	4	8
Stain, Hematology	3	400	1200
Lacking for Shipment	2	6	12
<u>BACTERIOLOGY</u>			
Stain (Grams)	2	54	108
Darkfield Exam	4	47	148
Bacteriology Packing			
For Shipment	2	508	1016
Mycology Packing			
For Shipment	2		
<u>PARASITOLOGY</u>			
Concentration of Stool	5		
Direct Smear Stool	2	7	14
Fat Stain Stool	1	10	10
Hanging Drop Prep	2		
Malaria Smear Thick&Thin	4	1157	4628
Occult Blood Stool	1	156	156
Parasitology Packing	2	168	336
Virology Packing Shipment	3		

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PROCEDURE	NUMBER VALUE	NUMBER PERFORMED	TOTAL
<u>SEROLOGY</u>			
Test, Slide	1	188	188
Pregnancy Test Slide	1		
Pregnancy Test Tube	2		
Packing for Shipment	2	201	402
<u>BLOOD BANK</u>			
DIRECT Coombs Test	1	6	6
INDIRECT Coombs Test	2		
Crossmatching Complete	5	405	20,025
Donors Bleed for Transfusion	6	6	36
Group and Type Complete	3	190	570
Packed Cell Preparation	4	5	20
Transfusion for Shipment	2		
<u>HISTOPATHOLOGY</u>			
Packing Autopsy	6	1	6
Packing Surgical	4	27	88
	TOTAL	10,959	39,398

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T. Pharmacy Service

1. The physical plant of the Pharmacy was changed by the addition of a wall which has created a waiting area and a new prescription counter. This provides the patient with a more pleasant waiting area, permits better drug security and a larger prescription work surface for the pharmacist. A new laboratory sink has also been installed, adding considerably to the ease of filling prescriptions. Heat damage to medications, both in the pharmacy and in pharmaceutical storage areas remote from the hospital, continues to be a problem.

2. Pharmacy prescriptions filled during the quarter:

	NOV	DEC	JAN
OUTPATIENT	1,276	1,150	1,203
INPATIENT	6,013	6,193	7,141
TOTAL	7,289	7,343	8,344

U. Dental Service

1. LTC L. T. Gallegos arrived on 29 Dec 67 to assume the duties as Chief of the Dental Service upon the departure of LTC Henry L. Zak.

2. The dental clinic was visited by Colonel James Murphy USARPAC Dental Surgeon and Colonel Jack Pollack USARV and 44th Medical Brigade Dental Surgeon on 8 Jan 68.

3. One unusual maxillo-facial injury was encountered during this quarterly period. The patient was struck in the mouth with a live M-79 grenade, sustaining multiple fractured and avulsed teeth in the entire right maxillary arch. Also noted were: compound, comminuted and avulsed fractures of the right maxilla including the entire alveolar ridge and hard palate and complete destruction of the entire right maxillary sinus, with the live M-79 grenade lodging in the right maxilla and maxillary sinus. The live M-79 grenade was removed, the entire area thoroughly debrided and the soft tissue closed over the large defect that was created by the grenade. Recovery was uneventful and the patient was evacuated out of country for followup treatment of this extensive maxillo-facial injury.

4. There were approximately 400 outpatients seen monthly in the dental clinic. Approximately 45 persons were treated in the civic action program each month. This occupied 2 man days each month.

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V. Outpatient Service

1. During the last quarter, the 93d Evacuation Hospital outpatient clinic accomplished its assigned mission of providing outpatient care on a referral basis to all outlying field and support units in the area and providing dispensary care to members of the 93d Evacuation Hospital, assigned personnel and three attached units. Consultations in Internal Medicine, Orthopedics, Optometry, Ophthalmology, and Urology were provided for outlying units.

2. Personnel replacements in key positions were performed without an interruption in continuity of care. Captain Arthur Kirschner was replaced by Captain Ralph Oriscello, Captain Constance Cauble by 1LT Stephanie Mills, and SFC Dixon, NCOIC was replaced by SFC Walker. The OPC was temporarily strengthened in personnel by the addition of members of the 161st Medical Detachment (OA).

3. Weekly in-service meetings, designed to further educate the corpsmen in the management of patients were held. Speakers included members of the surgical and medical services. Cross-training of corpsmen in the various clinics had been further expanded in the past quarter in order to obtain a large number of men proficient in several areas.

4. The method of recording of patients' visits has been standardized so that the statistical data will be uniform throughout the calendar year.

5. Outpatient statistics for the quarter include the following patient visits for the month indicated:

<u>DEPARTMENT</u>	<u>NOV</u>	<u>DEC</u>	<u>JAN</u>
Dispensary	153	132	139
Surgical Clinic	(Now Combined with the Emergency room)		
Medical Clinic	483	409	465
GU Clinic	138	102	216
Ophthalmology Clinic	288	282	206
Orthopedic Clinic	649	564	675
ENT Clinic	0	0	0
Physical Therapy Clinic	880	689	493

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Ending 31 January 1968 (RCS CSFOR-65)

NP Clinic	1031	1273	1023
Emergency Room	<u>1270</u>	<u>1560</u>	<u>1467</u>
Total Visits	4892	5011	4684

Other Outpatient Procedures not included above:

Immunizations	300	328	151
EKG's	200	230	288
Skin Tests	0	0	0
Audiograms	150	208	242
Spectacles ordered and Repaired	754	772	982
Refractions	434	376	449
Partial Physical Exams	136	188	202

W. Logistics

1. The past reporting period saw an increase in the use of high priority (O2) requisitions for medical items. The 1st Advance Platoon, 32nd Medical Depot was in a zero balance position on several items throughout the reporting period. When a zero balance resulted in hospital stockage of critical items an O2 priority requisition was submitted in accordance with 44th Medical Brigade Reg 735-2.

2. An increase in the number of LN employees was a significant improvement. The workload continued to be heavy and the additional help was a welcome relief to the warehouse section. Customer lines increased with the addition of two elements of the 4th Medical Detachment (Vet). No additional help was available to the stock record section during the report period.

3. The installation of hot water heaters in the EM patient and NCO showers was an outstanding contribution to the morale of the men. The heaters provided hot water for showers and lavatories so that personnel working nights could have the pleasure of a hot shower even during the cool hours after dark. The contribution to patient morale and welfare was inestimable.

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4. The construction of a hospital parking lot adjacent to the hospital headquarters provided adequate parking area outside the hospital complex for the large number of visitors to the hospital. The additional parking area reduced the flow of traffic through the hospital to a minimum.

X. MEDCAP and Public Relations

The hospital personnel continued to participate in the Medical Civic Action program begun in 1966. New projects were started during the year under the direction of the 68th Medical Group and in accordance with Headquarters, II Field Forces, Vietnam. The majority of the treatment was administered at the Vietnamese hospitals, orphanages, aid stations, and in our own outpatient clinics. In addition to this treatment, a program of instruction for Vietnamese medical personnel at the Cho Ray and Grall Hospitals in Saigon was begun. In this program physicians from the 93d Evacuation Hospital participated in bedside teaching rounds with both medical students and the medical staff of these hospitals. This method of instruction, in conjunction with classroom sessions, provided updated training in medical techniques. If Vietnam is to rise above its present state of medical immaturity, the training of Vietnamese doctors must be placed high on the lists of priorities for the efforts of the United States Forces in Vietnam. During the Christmas season a group of orphans were entertained with a party at the hospital. Refreshments were served and gifts were distributed.

Y. Visitors to the 93d Evacuation Hospital. (See Inclosure 3)

SECTION II PART I: OBSERVATIONS (LESSONS LEARNED)

A. PERSONNEL:

ITEM: Classification of personnel

DISCUSSION: The ever increasing administrative burden within the hospital has made it quite apparent that clerical personnel are not sufficiently qualified to perform acceptably in their military occupational specialty. Of particular concern are those individuals who hold 71B as PMOS. AR 611-201 requires that an individual classified as a 71B, with a skill digit of two (2), be able to type a minimum of 30 words per minute. Those individuals with a three (3) skill digit must type at least 40 words per minute. Almost without exception, 71B personnel arriving at this hospital cannot meet the requirements of the MOS. Some of these individuals received the MOS by initial classification and others by promotion.

OBSERVATION: Clerical personnel, who cannot meet the minimum standards for the MOS, who are assigned to the hospital, adversely affect the capability of the hospital to perform its mission. The volume of the present workload is such that it severely limits the capability of providing on-the-job training to gain basic MOS Qualification. Because these key clerical personnel cannot adequately perform their work it has been necessary to divert personnel who have a typing ability from other services in an effort to keep up with the increasing workload and meet established suspense dates.

B. REGISTRAR:

ITEM: Identification of Vietnamese patients

DISCUSSION: Vietnamese adults and children injured as a result of hostile action and/or involving U. S. Army Mobile Activities have been frequently admitted as patients to the 93d Evacuation Hospital. Problems associated with their admission to the hospital arose concerning positive identification. On most occasions, the Vietnamese patients were not able to speak English. Some effort had to be made to find a possible means of identifying Vietnamese patients when an interpreter was not available and especially during mass casualty situation.

OBSERVATIONS: The solution applied in the 93d Evacuation Hospital was to give the Vietnamese Patients identification bracelets with anglicized names to provide more positive identity. This anglicized name was placed on all charts and allied papers along with the family name of the patients, resulting in increased control

C. MEDICAL OPERATIONS

ITEM: Debridement of Liver Wounds

DISCUSSION: It has become apparent to the general surgeons that the debridement of liver tissue should be kept to a minimum and that anatomical hepatic lobectomies carry such a high mortality and morbidity rate as to make their use questionable. Hepatic lobectomies have been associated with massive blood loss during the operation and with liver and renal failure in the post-operative period.

OBSERVATION: Conservative treatment of extensive liver injuries appears to be accompanied by fewer post-operative complications.

ITEM: Urological Injuries

DISCUSSION: A larger than usual number of post-operative patients with urological injuries were received from surgical hospitals during the last quarter. Although most of these patients received adequate care their operative procedures were performed without the presence of a urological surgeon.

OBSERVATION: Definitive urological surgery can be more thoroughly performed by a trained urologist.

ITEM: Heat deterioration of pharmaceuticals

DISCUSSION: A storage temperature of 50°- 80°F. for pharmaceuticals has been recommended to avoid deterioration and insure maximum shelf life.

OBSERVATION: Pharmaceuticals stored for long periods should be protected from temperatures above 80°F. or below 50°F. The hospital pharmacy is inadequately air conditioned to maintain temperatures at acceptable ranges. The medical depot areas do not, for the most part, provide for temperature controlled storage. Shelf deterioration of drugs increases the difficulty in maintaining adequate stock levels and increases the cost of drugs.

ITEM: Further Training of Osteopathic Physicians

DISCUSSION: Osteopathic physicians have been accepted into the military service on a par with those physicians trained in medical schools. The two osteopathic physicians in the 93d Evacuation Hospital Department of Medicine are ambitious individuals who obviously have not had a complete and thorough grounding in many of the medical sciences. It is for this reason that they have been apprenticed to two experienced, fully-trained internists so that they may function as general medical officers on the Medical Service.

OBSERVATION: The incomplete training of two osteopathic physicians assigned to the 93d Evacuation Hospital makes it advisable that these physicians be placed under observation while working in the capacity of a General Medical Officer.

D. NURSING SERVICE

ITEM: Control of Vietnamese Patients

DISCUSSION: A problem frequently encountered concerning Vietnamese admissions was the presence of family members with each patient. This has caused congestion on the admitting ward and has hampered nursing activity. This problem has been especially acute when family members desired to sleep in the same bed with the patient.

OBSERVATION: An effort was made to provide for Vietnamese family overnight visitors and remove them from a constant vigil at the patient's bedside unless they were needed. Control of these visitors was increased by boarding all Vietnamese family visitors, when necessary, on one wing of Ward 1. Visiting rules and regulations were drafted and printed in Vietnamese to eliminate unnecessary boarding of visitors.

ITEM: Enroute Nursing Care

DISCUSSION: The more seriously injured patients and those patients who cannot tolerate the long, tedious journey via ambulance bus to Tan Son Nhut are evacuated from the 93d Evacuation Hospital by Dust Off aircraft. An ANC Officer is assigned to accompany all patients air evacuated in this manner. The seating

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of the ANC Officer in the chopper during the flight has, in the past, restricted any possible nursing care which might have been rendered to the patient.

OBSERVATION: All nurses assigned to accompany air evac patients have been instructed to ask the aircraft commander for a seat located between the control section and the litter patients. With this new seating arrangement the nurse can administer to the patient's needs with ease.

E. LOGISTICS

ITEM: Supply of crutches and crutch tips

DISCUSSION: During this quarter, as in previous quarters, the supply of crutches and crutch tips has been erratic. Frequently, there has been an inadequate supply of crutches and few if any crutch tips.

OBSERVATIONS: A very dangerous condition occurs due to lack of traction, when an adequate number of rubber crutch tips are not available. In addition, the supply of crutches is often inadequate for the demands of the physical therapy section.

ITEM: Inadequate depot staffing

DISCUSSION: The 1/32 Medical Depot fell behind in posting requisitions from customers. The time lag was almost 30 days. The result was that the order-ship time to customers was increased 30 days. Before the lag developed, routine order-ship time was 25 days. All requisitioning objectives were computed on the basis of a 30 day operating level, 15 day safety level and 25 day order-ship time. With the sudden increase in order-ship time, the time frame extended beyond the safety level and invariably caused zero balances to occur at the hospital supply level.

OBSERVATION: A check with the depot confirmed a shortage of qualified personnel to manage the volume of lines involved.

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SECTION II, PART II: RECOMMENDATIONS

A. PERSONNEL

Increased emphasis should be placed on initial classification of clerical personnel to insure that those selected meet the minimum standards. In addition, more stringent controls should be established, world wide, to ensure that unqualified personnel are not promoted into those key military occupational specialties.

B. REGISTRAR

Vietnamese patients should be assigned an anglicized name in addition to their family name to increase administrative control and reduce Nursing and Medical Service errors due to lack of proper identification of the patient.

C. MEDICAL OPERATIONS

1. Liver injuries should be managed with minimal debridement and hemostasis which can be obtained by large chronic catgut mattress sutures, and adequate drainage of the liver area.
2. Patients with obvious urological injuries that are transportable should be sent to an evacuation hospital where a urologist can be present during the surgical procedure.
3. All pharmaceutical agents should be stored in temperature-controlled areas.
4. The training level of osteopathic physicians in theatre should be ascertained to determine if they are capable of performing satisfactorily in isolated duty assignments. This can be accomplished in the evacuation hospitals under the guidance of trained medical personnel.

D. NURSING SERVICE ACTIVITIES

1. Vietnamese family visitors should be boarded together in an area near the patient, but not with the patient unless their presence is absolutely necessary.
2. ANC Officers assigned to accompany air evac patients should be provided with a seat in the aircraft located in such a position as to enable nursing care during the flight.

E. LOGISTICS

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1. All prepackaged crutches should have rubber crutch tips included in the crutch assembly.
2. A strong effort by the command to improve the staffing of the depot to meet its work load should be made as soon as possible.

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AVBJ GD-PO (5 Feb 68)

1st Ind

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending
31 January 1968 (RCS CSFOR-65) (93d Evacuation Hospital)

HEADQUARTERS, 68TH MEDICAL GROUP, APC 96491

3 March 1968

THRU: Commanding General, 44th Medical Brigade, ATTN: AVBJ PO, APO 96384

TO: Assistant Chief of Staff for Force Development, Department of the Army, Washington, D.C. 20310

1. This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 31 January 1968 from Headquarters, 93d Evacuation Hospital.

2. Reference paragraph 6c, page 8, Anesthesia Service. Surgical tables, FSN 6530-709-9005, were ordered on document numbers 12/7333-001 and 17/8009/001 for quantities of eight (8) and two (2) respectively. Latest status is that subject requisitions were passed to the 70th Medical Depot, Okinawa.

3. Reference Section II, Part II.

a. Concur in recommendations A, B, C1, C2, C4 and D.

b. Reference recommendation C3. Commanding Officer, will be advised to reevaluate present utilization of air conditioning equipment and to relocate same to maintain temperatures at acceptable ranges which will preclude unnecessary deterioration of pharmaceuticals.

c. Reference recommendation E.

(1) E1. Non Concur. A detailed survey conducted by the 1st Platoon, 32d Medical Depot reflected that all requisitions for crutches and crutch tips submitted by the 93d Evacuation Hospital were satisfied within the normal requisitioning time frame.

(2) E2. Concur. Recommend action be taken to obtain an adequate number of qualified personnel for the 1st Platoon, 32d Medical Depot which will ensure more prompt service for all customers.

d. Reference recommendation, page B-6, Psychiatry mission. The problem of the division psychiatrist and/or establishment of the psychiatric center is one for the psychiatrist to decide. There is a difference of opinion within the theatre. There are good points for both sides of the question. Recommend a decision be made by the USAFV Psychiatric Consultant.

Leonard Maldonado
LEONARD MALDONADO

Colonel, Medical Corps
Commanding

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AVBJ-PO (5 Feb 68) 2d Ind

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending
31 January 1968 (RCS CSFOR-65) (93d Evacuation Hospital)

HEADQUARTERS, 44th Medical Brigade, APO 96384 26 March 1968

TO: Commanding General, United States Army Vietnam, ATTN: AVHGC-DST,
APO 96375

1. The contents of the basic report and first indorsement have been reviewed.

2. The following comments pertaining to the recommendations in Section II, Part II (pages 24 and 25) of the basic report are submitted:

a. Reference paragraph A. Concur.

b. Reference paragraph B. Non-concur. All patients admitted to a medical facility are assigned a register number which provides adequate identification.

c. Reference paragraphs C. 1., C. 2. and C. 4. These recommendations concern technical professional matters and should be considered by appropriate consultants to the USARV Surgeon and the Surgeon General.

d. Reference paragraph C. 3. Concur with paragraph 3. B., first indorsement.

e. Reference paragraphs D. 1. and D. 2. Concur.

f. Reference paragraph E. 1. Non-concur. Disruption of procurement through change in specifications of the contract would decrease availability of the items.

g. Reference paragraph E. 2. Concur. Action to increase staffing of the 32d Medical Depot is pending at Department of the Army level.

h. Reference recommendation, page B-6. This recommendation concerns a technical professional matter and should be considered by appropriate consultants to the USARV Surgeon and the Surgeon General.

TEL: LBH 2909/2494

Glenn J. Collins
GLENN J. COLLINS
Brigadier General, MC
Commanding

cc: 93d Evacuation Hospital

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AVHGC-DST (5 Feb 68) 3d Ind

CPT Arnold/twl/LBN 4485

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CS FOR-65)

HEADQUARTERS, US ARMY VIETNAM, APO San Francisco 96375 **16 APR 1968**

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-DT,
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 January 1968 from Headquarters, 93d Evacuation Hospital as indorsed.

2. Pertinent comments follow:

a. Reference item concerning debridement of liver wounds, page 20, paragraph C; page 24, paragraph C1; and 2d Indorsement, paragraph 2b: Non-concur. Once liver injury has been established, the basic requirements of the surgeon are: (1) to control bleeding, (2) to debride devitalized tissue, (3) to establish external drainage, and (4) when indicated, to institute biliary decompression. Initial control of bleeding by Pringles maneuver or by application of a vascular clamp across the portal triad is recommended. One of the major surgical errors in the management of extensive liver wounds is inadequate debridement of devitalized liver tissue which will result in infection, massive hemorrhage, or bile extravasation. Local resection should be done with the handle of a scalpel or similar blunt instrument, and the vessels and bile ducts should be ligated. Intermittent clamping of the portal triad will usually provide sufficient control of bleeding to perform the resection. For destroyed lobes, an anatomical lobectomy should be done as described by Quattlebaum and Healey. For major liver resections, T-tube decompression of the common duct appears to be a sound principle. Providing good external drainage to prevent subhepatic collections is very important. Both anterior and posterior lateral drainage are recommended. A Chaffin Tube is superior to Penrose drains for posterior lateral drainage. Postoperative complications are related to the extent of injury and the type of surgical therapy. Although massive liver injuries carry a poor prognosis, this can be improved by aggressive, but judicious treatment.

b. Reference item concerning urological injuries, page 20, paragraph C; page 24, paragraph C2; and 2d Indorsement, paragraph 2c: Concur. Every effort is made to evacuate transportable patients to the medical facility best staffed to treat the specific injury.

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AVHGC-DST (5 Feb 68) 3d Ind

16 APR 68

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SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CS FOR-65)

c. Reference item concerning further training of osteopathic physician, page 21, paragraph C; page 24, paragraph C4; and 2d Indorsement, paragraph 2b: Concur. Since osteopathic physicians have been assigned in-country these past six months, it has been the policy of the Office of the Surgeon not to assign these officers to isolated areas, but rather to units where a working relationship would be established with doctors of medicine. A continuing assessment of their capabilities and performance is in progress.

d. Reference item concerning recommendations, Annex B6: Nonconcur.

(1) It is highly doubtful that we can do away with division psychiatrists at this point and replace them with psychiatrists who come from outside the divisions' own control and consult with intrinsic division medical personnel. The following reasons apply:

(a) The social cohesiveness within a division is such that unit commanders put little investment in advice from psychiatrists who are not held constantly accountable by the division's own command for the advice they give.

(b) The division psychiatrist has a far easier time getting transportation to the division's scattered medical facilities than does an outside psychiatrist.

(c) KO team psychiatrists, regardless of high professional integrity, simply have never shown the interest in the division's mission. The division psychiatrist feels himself a part of that mission.

(d) The dramatic reduction of the psychiatric evacuation rate in WW I, WW II, and Korea immediately after the assignment of division psychiatrists in each case implies that division psychiatrists are very effective (in Korea the rate dropped to one-seventh its former level). Some division psychiatrists see many patients, some few, but none evacuate many.

(e) In September 1967, a new Navy policy precluded medical evacuation of character disorders or administrative problems (BUMED Regulation 1910.3A September 1967). This brought their evacuation policy in line with the Army's. The psychiatric consultation by both division and hospital ship psychiatrists continued to be with medical personnel. There was not the close involvement of psychiatrists and commanders in cooperation.

AVHGC-DST (5 Feb 68) 3d Ind

16 APR 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period

Ending 31 January 1968 (RCS CS FOR-65)

(f) According to MACV records, from October 1967 through February 1968 the Navy and Marines evacuated out of country 538 psychiatric casualties. In the same period the Army evacuated 224, yet the Army had four times the number of troops in-country.

(2) The efforts of the KO team to improve professional efficiency are commendable, however, and are encouraged. The ideas of this KO team along these lines are being published in the January-February issue of the USARV Medical Bulletin. Along with this are published ideas and experiences from division psychiatric services. It is hoped this will stimulate further thought. In addition, the whole problem will be taken up at a tri-service and free world psychiatric conference at the 12th USAF Hospital, Cam Ranh Bay, in May 1968. The KO team should bring its data.

3. A copy of this indorsement will be furnished to the reporting unit through channels.

FOR THE COMMANDER:


CHARLES A. BYRD
Major, AGC
Assistant Adjutant General

Copies furnished:

HQ 93d Evac Hosp

HQ 44th Med Bde

GPOP-DT (5 Feb 68) 4th Ind

SUBJECT: Operational Report of HQ, 93d Evac Hosp for Period Ending
31 January 1968, RCS CSFOR-65 (R1)

HQ, US Army, Pacific, APO San Francisco 96558 7 MAY 1968

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

1. This headquarters has evaluated subject report and forwarding
indorsements and concurs in the report as indorsed.
2. Paragraphs C1, C2, C4 and Recommendation, page B-6, concern
technical professional matters which will be further reviewed by pro-
fessional consultants of the USARPAC Chief Surgeon's Office. Comments,
if appropriate, will be furnished the USARV Surgeon.

FOR THE COMMANDER IN CHIEF:



C.L. SHORTT
CPT, AGC
Asst AG

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ANNEX A

**46TH MEDICAL DETACHMENT (KB)
53RD MEDICAL DETACHMENT (KA)**

These two medical detachments were attached to the 93d Evacuation Hospital for all purposes throughout the period. They were an integral part of the hospital's professional service. No independent operations or missions were conducted, only normal specialized support of the hospital program. Captain Charles G. Brennan commanded the 46th Medical Detachment thru the period. The 53rd Medical Detachment was under the command of Captain Arnold Leshman from the beginning of the quarter until 27 November when Major Marcus Que assumed command. Major Que remained in command as the period closed.

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ANNEX A

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935TH MEDICAL DETACHMENT (TEAM KO)

SECTION I

SIGNIFICANT ORGANIZATIONAL ACTIVITIES

1. Workload: Workload during this quarter has continued to be heavy. While this is probably attributable, in part at least, to the increased population being served, it reflects, also, an increased awareness by commanders and physicians in other medical facilities of the services which are available. During the quarter, monthly admissions averaged 50 on psychiatry and over 30 on neurology. Out-patient clinic visits continued to average over 1000 per month, with approximately 250 on neurology and over 750 on psychiatry.

2. During the quarter, LTC Jack R. Anderson, MC made liaison visits with the major combat elements served by this unit. It is believed that such liaison visits constitute an important part of the total mission.

3. During January, Doctor San and Doctor Bao, psychiatrists at the ARVN Hospital (Cong Hoa General Hospital) in Saigon, visited the 93d Evacuation Hospital. Later in the month, LTC Anderson and COL Matthew D. Parrish, USARV Consultant, made a visit to that hospital. Also, in January, Dr. Steinmetz, on the staff of the Bien Hoa Mental Hospital, and six Vietnamese medical students visited the 93d Evacuation Hospital to observe treatment methods in use on the ward and at the clinic, and for discussions with the staff.

4. On 20-21 November, this unit sponsored a Psychiatric Conference at Vung Tau at the request of the USARV Consultant in Psychiatry and Neurology. While papers were presented and discussions held in a wide variety of pertinent topics, primary emphasis was placed on the areas of mutual concern to both divisional and non-divisional psychiatric units in III and IV Corps areas. All psychiatric activities in this area of Vietnam were represented in addition to some representation from units in I and II Corps areas. It was felt that this was a highly productive conference and provided the opportunity for resolving many problems and improving communication. Participation of enlisted specialists contributed much to the success of the conference.

5. Clinical Operations

a. The sporadic and unpredictable patient load in the clinic has created many problems in insuring adequate and reasonably prompt evaluation and treatment of patients. When large numbers of patients arrive at the clinic in one day, many traveling from great distances, it is impossible for all of them to be seen and evaluated properly by the few physicians in the clinic.

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b. In an effort to insure that every patient is seen in a short period of time, the mental hygiene model employed in the field situation has been adopted in the Clinic; i. e., the enlisted Social Work-Psychology technician has become the first line of psychiatric service to the newly arrived patient. The technicians' more traditional role in the clinical setting as one who administers certain psychological tests and takes social histories, has given way to the more central function here of the "technicians evaluation." The "walk in" patient's health records, medical referral, and any other pertinent documents he brings with him are reviewed by technicians at the reception desk. There, determination can quickly be made as to the nature of the referral: i. e., referred for evaluation and treatment; referred for certificate of mental status in conjunction with judicial or administrative board proceedings; referred for psychological test evaluation; etc.

c. During this review of the referral material, the patient is busied immediately with the task of completing a form which provides space for identifying information and information pertaining to his military and work history, education, family status, reasons for coming to the clinic, etc. Cases requiring immediate consideration by a psychiatrist, or those coming for specific services, such as psychological testing, are immediately directed to appropriate personnel. Those requiring a more extensive evaluation are reviewed by the Chief Social Work-Psychology Specialist or a Psychology or Social Work Officer and normally referred to a technician for evaluation. It is the evaluating technician's task not only to take a social history, but to compile and organize a complete evaluation to include a summary of referral data, complete description of the present problems, pertinent history, and conclusions and recommendations. These evaluations are then reviewed and discussed with a supervising E&C Officer for second stage planning. The Technicians' evaluation and recommendations are used as indicated: (a) to give the psychiatrist a comprehensive picture of the patient; (b) to advise Command or to provide the necessary data for further consultation with command; (c) to formulate an appropriate battery of psychological tests to yield further diagnostic information; (d) to establish a program of followup sessions with a technician; etc.

d. It has been found that by relegating a major portion of the responsibility for the evaluation and follow up of patients to the enlisted technician, more thorough and rapid mental hygiene service is possible. Moreover, it insures a more adequate and economic use of professional personnel by screening and keeping to a minimum those tasks which can be performed just as readily by ancillary personnel.

e. To insure the success of such a program, with the regular turnover of personnel, a continuous intensive training program is employed in which all the professional personnel assume some responsibility for the supervision of the technicians work, or for refining their skills in understanding, coping with, and evaluating patients.

6. Clinical Psychiatry Activities: Since the last report, clinical psychiatric activities have been significantly reorganized within this unit. Previously, assigned psychiatrists had operated somewhat independently, with each having clearly defined responsibilities for ward operations, clinic services, or the Command Consultation program. With the present concept now in operation, all psychiatrists are "based" on the in-patient service and all admit patients and take part in the in service teaching program for corpsmen. The value of this approach, and its effectiveness in increasing the scope and degree of sophistication in both the patient-care and teaching aspects of the psychiatrist's role on the ward, is obvious. Each psychiatrist brings a different background and approach to bear, and this enriches the experience for all who are involved in the therapeutic milieu. This approach to the utilization of psychiatric personnel is being incorporated into the other aspects of psychiatric services as well. All of the clinical psychiatrists serve in a consultative capacity to the MSC officers who assume responsibility for clinical operations. Additionally, all psychiatrists provide consultative services to other inpatient hospital services. Also, all are expected to assume responsibility, in a rotational basis, for providing psychiatric services at the USAHV Installation Stockade.

7. Professional Consultation and Liaison

a. For a period of several months, considerable emphasis was placed on an extensive command consultation program. This involved liaison visits by personnel assigned to this unit with unit commanders, dispensary personnel and others directly concerned with the effective functioning and performance of personnel and the effective use of psychiatric services. Throughout, efforts were directed at conveying a "preventive psychiatry" approach in the management of behavioral problems. Generally it was felt that maximum benefits had been attained from this approach. There had been a significant improvement in referrals being made and a more appropriate use of the services available. Accordingly, the decision was made during this quarter that maximum utilization of professional staff could be made by directing primary emphasis toward effective programs in consultation and liaison with other medical personnel.

b. Specific programs in support of this include the following:

(1) On 19 Jan, the first of what will be a continuing series of bi-weekly professional conferences was held at the 93d Evacuation Hospital. Participating in this conference were Psychiatrists, Social Work Officers, and enlisted personnel from the 9th Infantry Division, Americal Division, 1st Infantry Division, 101st Airborne Division, and the USAHV Consultant. Discussion, at this initial conference, centered around a case presentation involving a psychiatric in-patient who had been referred by one of the division psychiatrists.

(2) Contact with dispensary medical officers in this area, while not scheduled as in the past, has been maintained on a continuing basis, with discussions concerning individual cases, the management of psychiatric problems, etc., serving as the medium for maintaining effective working relationships.

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(3) On a selective basis, physicians serving large units which do not have organic psychiatric support, are being invited to participate in regular consultation sessions with the staff of this unit.

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SECTION II, PART I

OBSERVATIONS - LESSONS LEARNED

ITEM: Assignment of psychiatrists to divisions

DISCUSSION: During consultation visits to division mental hygiene units in III and IV Corps Tactical Zones, psychiatrists have frequently complained about lack of command interest in their preventive psychiatry programs, lack of support with transportation and material, assignment of enlisted technicians to other duties, and a diminishing number of psychiatric referrals.

OBSERVATION: From a psychiatric viewpoint, there are three major differences between this theater and all previous theaters of operation:

1. The tactical units are MA units with a high percentage of experienced, professional, Academy Officers in all ranks. These officers are highly trained managers; they insure clearly defined power structures and know how to keep communications open, horizontally and vertically; these features materially reduce the incidence of psychiatric casualties.
2. Phenothiazines: Since the development of these drugs, management of acutely and severely disturbed patients is easily achieved at clearing companies by Medical Corps Officers without formal psychiatric training.
3. With the ubiquitous "chopper" for transportation, no division base camp in III and IV Corps Tactical Zones is more than 20 minutes away from this neuropsychiatric center.

SECTION II, PART II

RECOMMENDATIONS

RECOMMENDATION: Because of the three factors previously stated, it is believed that the division psychiatrist, who could have been used in World War II, and who did such a remarkable and necessary job in the Korean conflict, has become an anachronism in the USARV psychiatry mission. With half the number of psychiatrists currently assigned to units in III and IV Corps Tactical Zones, it is felt that the psychiatric mission could be accomplished easily and effectively from this neuropsychiatric center. Weekly consultation visits from psychiatrists assigned here would provide the necessary supervision for division Social Work Officers and technicians and for the administration of psychotropic drugs by clearing company medical corps officers.

REGISTRAR FIGURES FOR THE
QUARTER ENDING 31 JAN 68

	<u>NOVEMBER</u>	<u>DECEMBER</u>	<u>JANUARY</u>	<u>TOTAL</u>
DIRECT ADMISSIONS:	792	917	970	2679
TRANSFER ADMISSIONS:	243	132	234	609
TOTAL ADMISSIONS:	1035	1049	1204	3288

DISPOSITIONS TO DUTY:	556	579	631	1766
DISPOSITIONS BY TRANSFER:	553	447	557	1557
TOTAL DISPOSITIONS:	1113	1029	1197	3339

TRANSFERS TO:

IN COUNTRY:	304	131	289	724
PACOM:	232	305	238	775
CONUS:	17	11	30	58
TOTAL:	553	447	557	1557
HOSPITAL DEATHS:	4	3	9	16

AVERAGE PATIENT STAY:

PATIENTS TO DUTY:	7.2	5.8	6.3	6.4
EVACUATED PATIENTS:	7.0	5.8	7.8	6.9
AVERAGE BEDS OCCUPIED	258	217	240	238

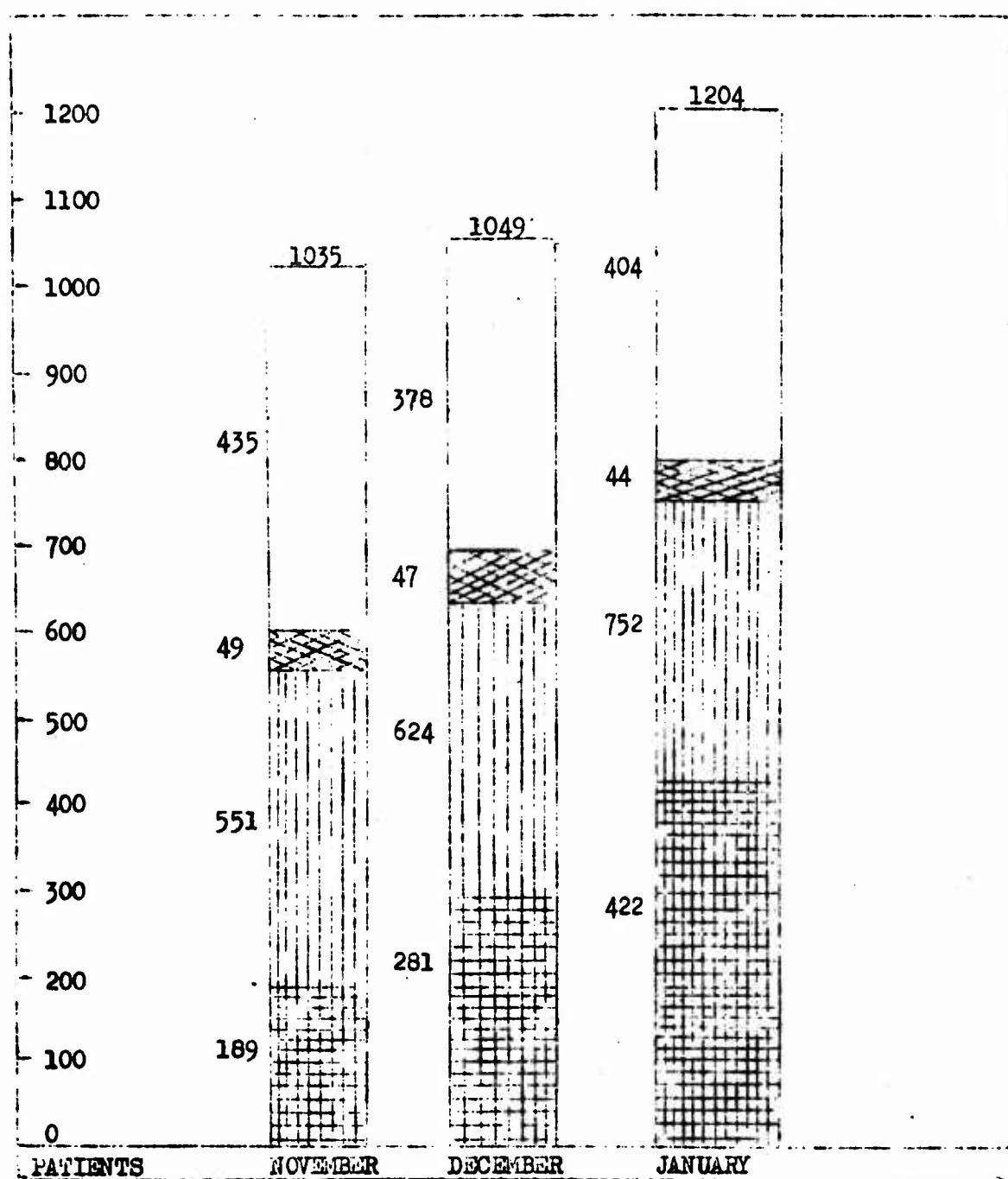
Inclosure 1

1-1

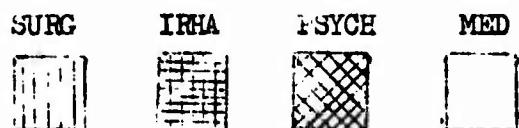
36

CATAGORIZATION OF PATIENT ADMISSIONS
NOVEMBER 67 THRU JANUARY 68

.40



SOURCE: REGISTRAR, 93D EVACUATION HOSPITAL



INCLOSURE 2

2-1

UNCLASSIFIED

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